FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

|                      | OMB AP                       | PROVAL |        |
|----------------------|------------------------------|--------|--------|
| Expires:<br>Estimate | mber:ed average ler response | ourden |        |
|                      | SEC US                       | E ONLY |        |
| Prefix               | <u> </u>                     | •      | Serial |
|                      | 1                            | 1      |        |
|                      | DATE RE                      | CEIVED |        |

| Name of Offering ( check if this is a         | n amendment and name       | has changed, and in    | ndicate change.)        |                  |                              |
|---|----------------------------|------------------------|-------------------------|------------------|------------------------------|
| Private Placement of Series A Preferred       | Stock (and the underly     | ing Common Stock       | cissuable upon cor      | version thereof  | \                            |
| Filing Under (Check box(es) that apply):      | ☐ Rule 504                 | ☐ Rule 505             | Rule 506                | ☐ Section 4(8)   | \\ \ □ ULOE                  |
| Type of Filing: New Filing                    | ☐ Amendment                |                        |                         | RECEA            |                              |
|   | A. BASI                    | C IDENTIFICAT          | ION DATA                | //               |                              |
| 1. Enter the information requested about      | the issuer                 |                        |                         | JUN 2 1          | 2007                         |
| Name of Issuer (☐ check if this is a          | n amendment and name       | has changed, and in    | ndicate change.)        |                  | 2007                         |
| Abaca Technology Corporation                  |                            |                        |                         | 13/              |                              |
| Address of Executive Offices                  |                            | (Number and Stree      | et, City, State, Zip Co | ode) Telephone   | water (Including Area Code)  |
| 1010 Rincon Circle, San Jose, CA 95131        |                            |                        |                         |                  | (408) 542-8118               |
| Address of Principal Offices                  |                            | (Number and Stree      | et, City, State, Zip Co | ode) Telephone N | Number (Including Area Code) |
| (if different from Executive Offices) sa      | me as above                |                        | PROCES                  |                  |                              |
| Brief Description of Business: Anti-sp        | am software                |                        | " 100E9                 | DEN E            |                              |
|   |                            |                        |                         | <u> </u>         |                              |
| Type of Business Organization                 |                            |                        | JUN 2 8 20              | U/               |                              |
|   | 🗀 limited p                | partnership, already   | form#HOMSON             | other (please s  | specify):                    |
| business trust                                | ☐ limited p                | partnership, to be for | med <b>EINANCIAI</b>    | <u> </u>         |                              |
|   |                            | Month                  | Yea                     |                  |                              |
| Actual or Estimated Date of Incorporation o   | r Organization:            | 1 1                    | 0                       | _5 ⊠ A           | ctual                        |
| Jurisdiction of Incorporation or Organization | : (Enter two-letter U.S. I | Postal Service Abbre   | eviation for State;     |                  |                              |
|   | С                          | N for Canada; FN fo    | r other foreign jurisd  | iction)          | D E                          |

## GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing f∈e.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

|   |   | A. BASIC I  | DENTIFICATION DAT      | 'A                 |   |
|---|---|---|------------------------|--------------------|---|
| <ul> <li>Each beneficial ow</li> <li>Each executive offi</li> </ul> | he issuer, if the iss<br>ner having the pov<br>cer and director o | suer has been organized w<br>wer to vote or dispose, or d |                        |                    | a class of equity securities of the issuer;<br>rtnership issuers; and |
| Check Box(es) that Apply:   | Promoter  | ■ Beneficial Owner  |                        | □ Director         | ☐ General and/or Managing Partner                                     |
| Full Name (Last name first,   | if individual):   | Kirsch, Steven T.   |                        | ,                  |   |
| Business or Residence Add   | ress (Number and  | Street, City, State, Zip Co                               | de): 1010 Rincon Circl | le, San Jose, CA 9 | 95131   |
| Check Box(es) that Apply:   | Promoter  | Beneficial Owner  |                        | ☐ Director         | ☐ General and/or Managing Partner                                     |
| Full Name (Last name first,   | if individual):   | Newton, Andrew E.   |                        |                    |   |
| Business or Residence Add   | ress (Number and  | Street, City, State, Zip Co                               | de): 1010 Rincon Circl | le, San Jose, CA 9 | 95131   |
| Check Box(es) that Apply:   | ☐ Promoter  | ⊠ Beneficial Owner  | ☐ Executive Officer    | Director           | General and/or Managing Partner                                       |
| Full Name (Last name first,   | if individual):   | The Kirsch Family T                                       | rust DTD 3/17/98       |                    |   |
| Business or Residence Add   | ress (Number and  | Street, City, State, Zip Co                               | de): 13930 La Paloma   | a Road, Los Altos  | Hills, CA 94022   |
| Check Box(es) that Apply:   | Promoter  | ☐ Beneficial Owner  | ☐ Executive Officer    | Director           | General and/or Managing Partner                                       |
| Full Name (Last name first,   | if individual):   |   |                        |                    |   |
| Business or Residence Add   | ress (Numt er and   | Street, City, State, Zip Co                               | de):                   |                    |   |
| Check Box(es) that Apply:   | Promoter  | Beneficial Owner  | Executive Officer      | ☐ Director         | ☐ General and/or Managing Partner                                     |
| Full Name (Last name first,   | if individual):   |   |                        |                    |   |
| Business or Residence Add   | ress (Number and  | Street, City, State, Zip Co                               | de):                   |                    |   |
| Check Box(es) that Apply:   | Promoter  | Beneficial Owner  | ☐ Executive Officer    | ☐ Director         | ☐ General and/or Managing Partner                                     |
| Full Name (Last name first,   | if individua'):   |   |                        |                    |   |
| Business or Residence Add   | ress (Number and  | Street, City, State, Zip Co                               | de):                   | • •                |   |
| Check Box(es) that Apply:   | Pronioter   | ☐ Beneficial Owner  | ☐ Executive Officer    | ☐ Director         | General and/or Managing Partner                                       |
| Full Name (Last name first,   | if individual):   |   |                        |                    |   |
| Business or Residence Add   | ress (Number and  | Street, City, State, Zip Co.                              | de):                   |                    |   |
| Check Box(es) that Apply:   | Promoter  | Beneficial Owner  | ☐ Executive Officer    | Director           | General and/or Managing Partner                                       |
| Full Name (Last name first,   | if individual):   |   |                        |                    |   |
| Business or Residence Add   | ress (Number and  | Street, City, State, Zip Co                               | de):                   |                    |   |
| Check Box(es) that Apply:   | ☐ Promoter  | ☐ Beneficial Owner  | Executive Officer      | ☐ Director         | General and/or Managing Partner                                       |
| Full Name (Last name first,   | if individual):   |   |                        |                    | ,                               |
| Business or Residence Add   | ress (Number and  | Street, City, State, Zip Cod                              | de):                   |                    |   |

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|                    |  |  |  |                                      | В.  | INFORM                                 | MATION                                      | ABOUT                                    | OFFER                                    | ING                                       |                          |                |              |
|--------------------|--|--|--|--------------------------------------|---|--|---|--|--|---|--------------------------|----------------|--------------|
|                    |  |  |  |                                      |   |  |   |  |  |   |                          | <u>Yes</u>     | <u>No</u>    |
| 1. Ha              | s the issue                              | r sold, or o                             | does the is  | suer inten                           | •   |  | edited inve<br>pendix, Co                   |  |  |   | •••••                    |                | ⊠            |
| 2. Wh              | at is the m                              | inimum in                                | vestment t   | hat will be                          | accepted                                  | from any i                             | ndividual?                                  |  |  |   |                          | \$ <u>0.50</u> |              |
|                    |  |  |  |                                      |   |  |   |  |  |   |                          | <u>Yes</u>     | <u>No</u>    |
| 3. Do              | es the offe                              | ring permi                               | t joint own  | ership of a                          | single uni                                | t?                                     | •     |  |  |   |                          | ⊠              |              |
| any<br>offe<br>and | commissi<br>ering. If a p<br>l/or with a | on or simi<br>person to l<br>state or st | quested for<br>lar remune<br>be listed is<br>ates, list the<br>auch a brok | ration for<br>an associ<br>e name of | solicitation<br>ated perso<br>f the broke | of purcha<br>on or agen<br>r or dealer | sers in cor<br>t of a broke<br>r. If more t | nnection w<br>er or deale<br>han five (5 | ith sales o<br>r registere<br>5) persons | f securities<br>d with the<br>to be liste | s in the<br>SEC<br>d are |                |              |
| Full Nan           | ne (Last na                              | me first, if                             | findividual  | )                                    |   |  |   |  |  |   |                          | ·              |              |
| Busines            | s or Reside                              | ence Addr                                | ess (Numb  | er and Str                           | eet, City, S                              | State, Zip                             | Code)                                       |  |  |   |                          |                |              |
| Name of            | Associate                                | d Broker o                               | or Dealer  |                                      |   |  |   |  |  | =   |                          |                |              |
|                    |  |  | d Has Soli<br>heck indivi  |                                      |   |  |   |  |  |   |                          | •              | ☐ All States |
| [AL]               | [AK]                                     | □ [AZ]                                   | □ [AR]   | □ [CA]                               | □ [CO]                                    |  | □ (DE)                                      | □ [DC]                                   | ☐ [FL]                                   | ☐ [GA]                                    | ☐ [HI]                   | [ID]           |              |
|                    | [NI]                                     | □ [IA]                                   | [KS]   | ☐ [KY]                               | ☐ [LA]                                    | [ME]                                   | [MD]  | ☐ [MA]                                   | [Mi]                                     | ☐ [MN]                                    | ☐ [MS]                   | [MO]           |              |
| [MT]               | □ [NE]                                   | [NV]                                     | [NH]   | [NJ]                                 | □ [NM]                                    | [NY]                                   | □ (NC)                                      | [ND]                                     | □ [OH]                                   | □ [OK]                                    | □ (OR)                   | □ (PA)         |              |
| □ [RI]             | [SC]                                     | ☐ [SD]                                   | □ [TN]   | □ (TX)                               | [TU]                                      | [] (VT)                                | [VA]  | [WA]                                     | [WV]                                     | [WI]                                      | [WY]                     | [PR]           |              |
| Full Nam           | ne (Last na                              | me first, if                             | individual   | )                                    |   |  |   |  |  |   |                          |                |              |
| Busines            | s or Reside                              | ence Addr                                | ess (Numb  | er and Str                           | eet, City, S                              | State, Zip (                           | Code)                                       |  |  |   |                          |                |              |
| Name of            | Associate                                | d Broker o                               | or Dealer  |                                      |   |  | -   |  |  |   |                          |                |              |
|                    |  |  | d Has Soli<br>neck indivi  |                                      |   |  |   |  |  |   |                          |                | ☐ All States |
| ☐ [AL]             | □ [AK]                                   | □ [AZ]                                   | [AR]   | [CA]                                 | ☐ [CO]                                    |  | □ [DE]                                      |  | □ [FL]                                   | ☐ [GA]                                    | ☐ (HI)                   | [ID]           |              |
|                    | [NI]                                     | [IA]                                     | □ [KS]   | [KY]                                 | □ [LA]                                    | [ME]                                   | [MD]  | ☐ [MA]                                   | [MI]                                     | ☐ [MN]                                    | ☐ [MS]                   | [MO]           |              |
| [MT]               | □ [NE]                                   | □ [NV]                                   | □ [NH]   | [LN]                                 | [NM]                                      | □ [NY]                                 | □ [NC]                                      | [ND]                                     | [ОН]                                     | □ (OK)                                    | □ [OR]                   | □ [PA]         |              |
| ☐ [RI]             | □ [SC]                                   | [SD]                                     | [NT]   |                                      |   |  | □ [VA]                                      | □ [WA]                                   |  | □ [WI]                                    |                          | □ [PR]         |              |
| Full Nam           | ne (Last na                              | me first, if                             | individual   | )                                    |   |  |   |  |  |   |                          |                |              |
| Business           | or Reside                                | ence Addre                               | ess (Numb  | er and Str                           | eet, City, S                              | State, Zip (                           | Code)                                       |  |  |   | • •                      |                |              |
| Name of            | Associate                                | d Broker o                               | or Dealer  |                                      |   |  |   |  |  |   |                          |                |              |
|                    |  |  | d Has Soli<br>neck individ   |                                      |   |  |   |  |  |   |                          |                | ☐ All States |
| [AL]               | ☐ [AK]                                   | [AZ]                                     | ☐ [AR]   | ☐ [CA]                               | □ [CO]                                    |  |   |  | [FL]                                     | [GA]                                      | [HI]                     | [ID]           |              |
|                    | □ [iN]                                   | [IA]                                     |  | [KY]                                 | [LA]                                      | [ME]                                   | [MD]  | ☐ [MA]                                   | [MI]                                     | [MN]                                      | [MS]                     | [MO]           |              |
| [MT]               | ☐ [NE]                                   | □ [NV]                                   | □ [NH]   | [NJ]                                 | [MM]                                      | □ [NY]                                 |   | [ND]                                     | □ (OH)                                   |   | □ [OR]                   | □ [PA]         |              |
| □ [RI]             | □ [SC]                                   | [SD]                                     | [TN]   | □ [тх]                               |   | [√T]                                   | □ [VA]                                      | □ [WA]                                   |  | □ [WI]                                    | □ [WY]                   | [PR]           |              |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

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|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A  | ND U      | ISE OF PROCE         | EDS       |  |
|----|---|-----------|----------------------|-----------|--|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange and  |           |                      |           |  |
|    | already exchanged.  |           | Aggregate            |           | Amount Already                             |
|    | Type of Security  |           | Offering Price       |           | Sold                                       |
|    | Debt  |           |                      |           |  |
|    | Equity  | <u>\$</u> | 2,158,931.00         |           | 2,158,931.00 <sup>1</sup>                  |
|    | ☐ Common ☐ Preferred <sup>2</sup>   |           |                      |           |  |
|    | Convertible Securities (including warrants)   | <u>\$</u> |                      | <u> </u>  |  |
|    | Partnership Interests   | \$        |                      |           |  |
|    | Other (Specify)   | \$        |                      | <u>\$</u> |  |
|    | Total   | \$        | 2,158,931.00         | \$        | 2,158,931.00                               |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |           |                      |           |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |           |                      |           |  |
|    |   |           | Number<br>Investors  |           | Aggregate<br>Dollar Amount<br>Of Purchases |
|    | Accredited Investors  |           | 8                    |           | 2,158,931.00                               |
|    | Non-accredited Investors  |           | 0                    | <u>\$</u> | 0  |
|    | Total (for filings under Rule 504 only)   |           |                      | \$        |  |
| 3. | Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.    |           |                      |           |  |
|    | Type of Offering  |           | Types of<br>Security |           | Dollar Amount<br>Sold                      |
|    | Rule 505  |           | N/A                  | <u>\$</u> |  |
|    | Regulation A  |           | N/A                  | \$        |  |
|    | Rule 504  |           | N/A                  | \$        |  |
|    | Total   |           |                      | <br>\$    |  |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |           |                      |           |  |
|    | Transfer Agent's Fees   |           | 🗆                    | \$        |  |
|    | Printing and Engraving Costs  |           | 🗖                    | \$        |  |
|    | Legal Fees  |           | 🗖                    | \$        |  |
|    | Accounting Fees   | ••••      | 🗆                    | \$        |  |
|    | Engineering Fees  |           | <del></del> ·        | \$        |  |
|    | Sales Commissions (specify finders' fees separately)  |           | _                    | \$        |  |
|    | Other Expenses (identify)   |           |                      | <u>*</u>  |  |
|    |   |           | _                    | <u>*</u>  |  |
|    | Total   |           | 🛘                    | 2         |  |
| _  |   |           |                      |           |  |

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Includes \$800,000.00 principal and \$11,251.50 accrued interest on previously-issued Convertible Promissory Notes covered by this form which were converted to Series A Preferred Stock at a 30% discount pursuant to the offering

And the Common Stock issuable upon conversion of Series A Preferred Stock

| *adjusted gross proceeds to the issuer.*  Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. above.  Payments to Officers, Directors & Affiliates  Salaries and fees.  Salaries and fees.  Purchase of real estate.  Purchase, rental or leasing and installation of machinery and equipment.  Construction or leasing of plant buildings and facilities.  Acquisition of other business es (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).  Repayment of indebtedness.  Repayment of indebtedness.  Column Totals.  Total Payments Listed (column totals added).  D. FEDERAL SIGNATURE  This issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature. | Duestion 1 and total expenses furnished in response to Part C—Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C—Question 4.b. above.  Payments to Officers of Affiliates  Payments to Officers of Affiliates  Payments to Officers of Affiliates  Purchase of real estate   |            | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPI   | ENSES                      | AND                    | USE OF F                    | PROC   | EEDS                | <b>.</b> | ···                                |
|--|--|------------|--|----------------------------|------------------------|-----------------------------|--------|---------------------|----------|------------------------------------|
| used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments its left of must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. above.    Payments to Officers, Directors & Affiliates  | used for each of the purposes show). If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the purposes is must equal the adjusted gross proceeds to the insuer set forth in response to Part C – Question 4.b. above.  Payments to Officers, Directors & Affiliates  Payments to Officers, Directors & Affiliates  Salaries and fees  | 4          | Question 1 and total expenses furnished in response to Part C-Question 4.a. This differe   | nce is the                 | •                      |                             |        | \$                  |          | 2,158,931.00                       |
| Purchase of real estate  | Purchase of real estate  | 5          | used for each of the purposes shown. If the amount for any purpose is not known, furnish estimate and check the box to the left of the estimate. The total of the payments listed mu | n an<br>ust equal          |                        | Officers,<br>Directors &    |        |                     |          |                                    |
| Purchase, rental or leasing and installation of machinery and equipment  | Purchase, rental or leasing and installation of machinery and equipment  |            | Salaries and fees  |                            | \$                     |                             |        |                     | \$       |                                    |
| Construction or leasing of plant buildings and facilities  | Construction or leasing of plant buildings and facilities  |            | Purchase of real estate  |                            | \$                     |                             |        |                     | \$       |                                    |
| Acquisition of other businest es (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   | Acquisition of other businest es (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)  |            | Purchase, rental or leasing and installation of machinery and equipment  |                            | \$                     |                             |        |                     | \$       |                                    |
| offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)   | offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)   |            | Construction or leasing of plant buildings and facilities  |                            | \$                     |                             |        |                     | \$       |                                    |
| Repayment of indebtedness   \$ 811,251.  Working capital   \$   \$ 1,000,000.  Other (specify): Conversion Discount   \$   \$ 347,679.  Column Totals   \$   \$ 2,158,931.00   D. FEDERAL SIGNATURE  This issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnish by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Issuer (Print or Type)  Abaca Technology Corporation  Name of Signer (Print or Type)  Title of Signer (Print or Type)  | Repayment of indebtedness   \$ 811,251.50  Working capital   \$   \$ 1,000,000.00  Other (specify): Conversion Discount   \$   \$ 347,679.50  Column Totals   \$ 2,158,931.00  Total Payments Listed (column totals added)   \$ 2,158,931.00  D. FEDERAL SIGNATURE  This issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Issuer (Print or Type)   Signature (Print or Type)   Date    Date   June   June |            | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issue              | r                          | -                      |                             |        |                     | _        |                                    |
| Working capital  | Working capital  |            |  | _                          | 3                      |                             |        |                     |          |                                    |
| Other (specify): Conversion Discount \$ 347,679.  Column Totals  | Other (specify): Conversion Discount  S Sat7,679.50  S Column Totals   |            |  | _                          | \$                     |                             |        |                     |          |                                    |
| Column Totals  | Column Totals  |            |  | _                          | <u>\$</u>              |                             |        |                     | \$       |                                    |
| Column Totals  | Column Totals  |            | Other (specify): Conversion Discount   |                            | <u>\$</u>              |                             |        |                     | \$       | 347,679.50                         |
| Total Payments Listed (column totals added)  D. FEDERAL SIGNATURE  This issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnish by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Issuer (Print or Type)  Abaca Technology Corporation  Name of Signer (Print or Type)  Title of Signer (Print or Type)  | This issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Issuer (Print or Type)  Abaca Technology Corporation  Name of Signer (Print or Type)  Title of Signer (Print or Type)   |            |  |                            | \$                     |                             |        |                     | \$       | ·- <del>-</del>                    |
| This issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnish by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Issuer (Print or Type)  Abaca Technology Corporation  Title of Signer (Print or Type)  Title of Signer (Print or Type)  | This issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Issuer (Print or Type)  Abaca Technology Corporation  Title of Signer (Print or Type)  Title of Signer (Print or Type)  |            | Column Totals  |                            | \$                     |                             |        |                     | \$       | 2,158,931.00                       |
| This issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnish by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Issuer (Print or Type)  Abaca Technology Corporation  Name of Signer (Print or Type)  Title of Signer (Print or Type)   | This issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Issuer (Print or Type)  Abaca Technology Corporation  Name of Signer (Print or Type)  Title of Signer (Print or Type)   |            | Total Payments Listed (column totals added)  |                            |                        |                             | \$     | 2,15                | 8,931    | 0.00                               |
| constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnish by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Issuer (Print or Type)  Abaca Technology Corporation  Name of Signer (Print or Type)  Title of Signer (Print or Type)   | constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  Issuer (Print or Type)  Abaca Technology Corporation  Name of Signer (Print or Type)  Title of Signer (Print or Type)   |            | D. FEDERAL SIGNATUI  | RE                         |                        | <u> </u>                    |        |                     | _        |                                    |
| Abaca Technology Corporation  Name of Signer (Print or Type)  June 1, 2007  Title of Signer (Print or Type)  | Abaca Technology Corporation  Name of Signer (Print or Type)  June 1, 2007  Title of Signer (Print or Type)  | co         | institutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comm  | on. If this<br>nission, up | notice is<br>son writt | s filed under<br>en request | Rule 5 | 05, the<br>aff, the | follow   | ring signature<br>nation furnished |
| Name of Signer (Print or Type)  Title of Signer (Print or Type)  | Name of Signer (Print or Type)  Title of Signer (Print or Type)  | lss        | suer (Print or Type)   | 11/                        | <u> </u>               |                             |        |                     |          |                                    |
|  |  | _          |  | <u>IZC</u>                 | <u> </u>               |                             | Jur    | <u>не И,</u>        | 2007     |                                    |
| Stephen M. Wurzburg Assistant Secretary  | Stephen M. Wurzburg Assistant Secretary  |            |  |                            |                        |                             |        |                     |          |                                    |
|  |  | <u> 31</u> | epnen M. Wurzburg Assistant Secretary  |                            |                        |                             |        |                     |          |                                    |
|  |  |            |  |                            |                        |                             |        |                     |          |                                    |
|  |  |            |  |                            |                        |                             |        |                     |          |                                    |
|  |  |            |  |                            |                        |                             |        |                     |          |                                    |
|  |  |            |  |                            |                        |                             |        |                     |          |                                    |
|  |  |            |  |                            |                        |                             |        |                     |          |                                    |
|  |  |            |  |                            |                        |                             |        |                     |          |                                    |

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|   |  | E. STATE SIGNATURE   |                     |              |
|---|--|--|---------------------|--------------|
| <ol> <li>The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniff Exemption (ULOE) of the state in which this notice is filled and understands that the issuer claiming the availability of this exemption establishing that these conditions have been satisfied.</li> <li>The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by authorized person.</li> <li>Issuer (Print or Type)</li> <li>Abaca Technology Corporation</li> </ol> |  | Yes  | No<br>⊠             |              |
|   | See A  | Appendix, Column 5, for state response.                                |                     |              |
| 2.  |  | ny state administrator of any state in which this notice is filed, a r | notice on Form D (  | 17 CFR       |
| 3.  | The undersigned issuer hereby undertakes to furnish to the   | e state administrators, upon written request, information furnishe     | ed by the issuer to | offerees.    |
| 4.  | See Appendix, Column 5, for state response.  The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.  The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.  The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.  The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.  The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly nuthorized person.  Signature  Signature  Date  June 19, 2006 |  |                     |              |
|   | See Appendix, Column 5, for state response.  The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.  The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.  The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.  The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.  elessuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly horized person.  Date  June 19, 2006                            |  |                     |              |
| Isst  | er (Print or Type)   | Signature  | Date                | <del> </del> |
| Aba   | ca Technology Corporation  | Xalor 2 West Con   | June 19, 2006       |              |
| Nar   | ne of Signer (Print or Type)   | Title of Signer (Print or Type)  |                     |              |

Assistant Secretary

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Stephen M. Wurzburg

|          | 1                                     | <u> </u>  |  | AP                                    | PENDIX                                |  |                                   |   |  |
|----------|---------------------------------------|-----------|--|---------------------------------------|---------------------------------------|--|-----------------------------------|---|--|
| 1        | :                                     | 2         | 3  |                                       |                                       | 4  |                                   | 5   |  |
|          | investors                             | ccredited | Type of security and aggregate offering price offered in state (Part C – Item 1) |                                       | Type of in<br>amount purc<br>(Part C  | nvestor and<br>hased in State<br>– Item 2)       |                                   | Disquali<br>under Sta<br>(if yes,<br>explana<br>waiver g<br>(Part E – | ite ULOE<br>attach<br>ation of<br>granted) |
| State    | Yes                                   | No        |  | Number of<br>Accredited<br>Investors  | Amount                                | Number of<br>Non-Accredited<br>Investors         | Amount                            | Yes   | No   |
| AL       |                                       |           |  |                                       |                                       |  |                                   |   |  |
| AK<br>AZ |                                       |           |  |                                       |                                       |  |                                   |   |  |
| AR       |                                       |           |  |                                       |                                       | -  |                                   | <del> </del>  | ļ  |
| CA       |                                       | х         | Series A Preferred   | 8                                     | \$2,158,931.00                        | 0  | 0                                 |   | x  |
| CO       |                                       |           | Series A Preferred   | · · · · · · · · · · · · · · · · · · · | \$2,150,931.00                        |  | · · · · · · · · · · · · · · · · · | <u> </u>  |  |
| СТ       |                                       |           |  |                                       |                                       | <u> </u>   |                                   |   | <del> </del> -                             |
| DE.      |                                       |           |  | <u> </u>                              |                                       | 1  |                                   |   |  |
| DC       |                                       | <u> </u>  |  | <del></del>                           |                                       | <del> </del>                                     |                                   | <b>-</b>  | <u> </u>                                   |
| FL       |                                       |           |  |                                       |                                       | <del>                                     </del> |                                   |   |  |
| GA       |                                       |           |  | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | 1  | <del></del>                       | <del> </del> -  |  |
| н        | · · · · · · · · · · · · · · · · · · · |           |  |                                       |                                       | 1  |                                   |   |  |
| ID       |                                       |           |  | <del></del>                           | <del></del>                           |  |                                   |   |  |
| IL       |                                       |           |  |                                       |                                       |  |                                   | ·   |  |
| IN       |                                       |           |  |                                       |                                       |  |                                   |   |  |
| IA       |                                       |           |  |                                       |                                       |  |                                   |   |  |
| KS       |                                       |           |  |                                       |                                       |  |                                   |   |  |
| KY       |                                       |           |  |                                       |                                       |  |                                   |   |  |
| LA       |                                       |           |  |                                       |                                       |  |                                   |   |  |
| ME       |                                       |           |  |                                       |                                       |  |                                   |   |  |
| MD       |                                       |           |  |                                       |                                       |  |                                   |   |  |
| MA       |                                       |           |  |                                       |                                       |  |                                   |   |  |
| МІ       |                                       |           |  |                                       |                                       |  |                                   |   |  |
| MN       | ·                                     |           |  |                                       |                                       |  |                                   |   |  |
| MS       |                                       |           |  |                                       |                                       |  |                                   |   |  |
| МО       |                                       |           |  |                                       |                                       |  |                                   |   |  |

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|       |                    | ,                             |  | APF                                  | PENDIX        |  |             |  |   |
|-------|--------------------|-------------------------------|--|--------------------------------------|---------------|--|-------------|--|---|
| 1     | Intend<br>to non-a | to sell corredited s in State | 3  Type of security and ∈ ggregate offering price offered in state |                                      | Type of i     | 4 investor and chased in State           |             | Disquali<br>under Sta<br>(if yes,<br>explana<br>waiver ç | ification<br>Ite ULOE<br>attach<br>ation of |
|       | (Part B -          | - Item 1)                     | (Part C – Item 1)  |                                      | (Part C       | 2 – Item 2)                              |             | (Part E  | ltem 1)                                     |
| State | Yes                | No                            |  | Number of<br>Accredited<br>Investors | Amount        | Number of<br>Non-Accredited<br>Investors | Amount      | Yes  | No  |
| MT    |                    |                               |  |                                      |               | <u> </u>                                 |             |  | ļ   |
| NE    |                    |                               |  |                                      |               |  |             |  | ļ   |
| NV    |                    |                               |  |                                      |               |  |             |  | ļ   |
| NH    |                    |                               | <del></del>  |                                      |               |  |             | ļ  |   |
| NJ    |                    |                               |  |                                      |               |  |             |  | ļ. <u>.</u>                                 |
| NM    |                    |                               |  |                                      |               |  |             |  | ļ   |
| NY    |                    |                               |  |                                      |               |  |             |  |   |
| NC    |                    |                               |  |                                      |               |  |             |  |   |
| ND    | ·                  |                               |  |                                      |               |  |             |  |   |
| он    |                    |                               |  |                                      | <del></del>   |  |             | ļ  |   |
| ок    |                    |                               |  |                                      |               |  |             | _  |   |
| OR    |                    |                               |  |                                      |               |  |             | _  |   |
| PA    |                    |                               |  |                                      |               |  |             | ļ  |   |
| RI    |                    |                               |  |                                      | ···           |  |             |  | <u> </u>                                    |
| SC    |                    |                               |  |                                      |               |  |             |  |   |
| SD    | <del></del>        |                               |  |                                      |               |  |             | <u> </u>   |   |
| TN    |                    |                               |  |                                      |               |  |             |  |   |
| TX    |                    |                               |  |                                      | <del></del> , |  | <del></del> |  |   |
| UT    |                    |                               |  |                                      |               |  |             | 1  |   |
| VT    |                    |                               |  |                                      | <u></u>       |  |             |  |   |
| VA    |                    | <u> </u>                      |  |                                      |               |  |             |  |   |
| WA    |                    |                               |  |                                      |               |  |             |  |   |
| wv    |                    |                               |  |                                      |               |  |             |  |   |
| WI    |                    |                               |  |                                      |               |  |             |  |   |
| WY    |                    |                               |  |                                      |               |  |             |  |   |
| PR    |                    |                               |  |                                      |               |  |             |  |   |

